



ROSELAND CHARTER SCHOOL

2023-24 STUDENT MEDICAL ATHLETIC CLEARANCE FORMS

I. PROCEDURE FOR COMPLETING ATHLETIC CLEARANCE:

The online athletic registration must be completed by the student's parent/guardian and student, approval of registration is **REQUIRED** by your athletic director prior to athletic participation. When the athletic director has completed the approval process, they will notify parent, student, and coach that they have been approved to participate in tryouts. **No student is allowed to participate in a tryout, practice, or athletic contest until clearance from the athletic director has been obtained.**

Starting June 1st, 2023, parents must complete the online athletic registration on SportsNet, Inc.

RAMS

<https://sportsnethost.com/rams-parent>

RCP

<https://sportsnethost.com/rcp-parent>

RUP

<https://sportsnethost.com/rup-parent>



Additional instructions for registering your student on SportNet, Inc. are available on the next page.

In order to participate in athletics your student must:

- Have at least a 2.0 GPA ("c" average) in all courses from their previous grading period and maintain at least a 2.0 GPA throughout the season(s) of sport(s)
- Be in attendance with a parent or guardian at a sports parent meeting (dates to be determined).
- **Have a physical form signed by a doctor, nurse practitioner, or osteopath prior to tryouts.**
*The sports physical must be dated on or after **June 1, 2023** and uploaded onto SportsNet.*

II. PHYSICAL EXAMINATION INFORMATION:

The physical Examination must be dated **June 1 or later for the current school year.** The physical examination is valid until July 1 of the same school year (i.e., A physical examination for the 2023-24 school year is valid until July 2024.).

The physical examination must be conducted by a medical doctor, nurse practitioner or osteopath. **Any physical performed by a Chiropractor will not be accepted.**

INSTRUCTIONS FOR REGISTERING YOUR ATHLETE ON SPORTSNET INC.

SportsNet Inc. provides secure online registration services for school athletic programs. Below are instructions for creating a parent/guardian user account and registering one or more athletes at Roseland Collegiate Prep.

Creating an Account

Please visit the correct registration page based on your student's school enrollment and follow the instructions below:

RAMS Student: <https://sportsnethost.com/rams-parent>

RCP Student: <https://sportsnethost.com/rcp-parent>

RUP Student: <https://sportsnethost.com/rup-parent>

- Click the **Create an Account** link near the bottom of the screen
- Enter the required information and submit the form (required information is listed below)
- **Log in** to the system with your email address and password
- Follow the instructions inside the system

Important: If you have created a parent account to register one of your children, you can register additional children with the same account. When registering additional children please make sure to select their corresponding school.

Before You Begin

Make sure you have the following prior to attempting to register your child:

- Your child's student identification number
- The exact spelling of your child's first and last name as it appears in official school records
- A scanned copy of your child's completed Pre-Participation Physical Exam on your computer (to be uploaded during registration)
- Your child's active health insurance coverage information, including the name of the provider and the policy ID

Registration Process

Be sure to carefully read the instructions on each screen and provide all required information. If you are unable to finish in a single session, the information you have already submitted will be saved and you can log back in at a later time to finish.

Important: The school will not receive your submission until you complete the entire process, ending with your final electronic signature on the last available screen. Be sure to check your email for a confirmation message after you have finished.

Athletic Clearance

Once you have completed the registration process, your athletic director will then review your child's application and confirm completion of the registration. Your child's athletic director will communicate with you if there are any issues with the application received. Once you receive the confirmation from your athletic director, the child is cleared to participate in the sport(s) selected based on the application.

Support

Please contact your child's school directly if you need specific information about your child's registration. For general assistance, please email our support team at support@sportsnetinc.com.

PHYSICAL EXAMINATION INFORMATION

All students that want to participate in the Roseland Charter School Athletic Program must have a completed physical examination.

⇒ **Make sure the physical examination is dated after June 1 of the current school year.**

The physical examination must be dated **June 1, 2023 or later** for the current school year. The physical examination is good until July 1 of the same school year. (i.e., Physical exam for the 2023-2024 school year is good until July 1, 2024)

The physical examination may be administered by a Medical Doctor, Nurse Practitioner or Osteopath. **A physical performed by a Chiropractor will not be accepted.**

NOTE: If you have turned in a valid verification of a Sports Physical after June 1, 2023 for this school year (2023-2024) and you have already been cleared as a participant for a specific sport, your physical and athletic packet are on record and the documents are good for the rest of the school year, unless an injury occurs. If an injury occurs, a new Doctors note must release the athlete from restriction prior to performing. All Athletes must let their AD's know, prior to participating in another season of sport, their intent of participating in another school sport so they will have prior proof of clearance.

NEED A SPORTS PHYSICAL?
SCAN ME FOR ADDITIONAL RESOURCES



**PLEASE TAKE THE NEXT PAGES TO YOUR
PHYSICAL EXAMINATION APPOINTMENT**

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

Have you had COVID-19? (check one): Y N

Have you been immunized for COVID-19? (check one): Y N If yes, have you had: One shot Two shots
 Three shots Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



CIF Recommended Pre-Participation Evaluation (PPE) & Cardiac Testing for COVID-19 (+) Athletes Returning to Education-Based Athletics

Grading Severity of Illness

- **Asymptomatic**
 - o + COVID test, no symptoms

- **Mild**
 - o Common cold-like symptoms
 - § Cough (residual dry cough can last weeks)
 - § Sore throat
 - § Congestion
 - o Loss of taste/smell (can last weeks to months)
 - o Common GI symptoms
 - § Nausea/vomiting
 - § Abdominal pain
 - § Diarrhea
 - o Fatigue
 - o Headache
 - o No fever or fever $<100.4^{\circ}$ F for <2 days

- **Moderate**
 - o Cardiopulmonary symptoms
 - § Shortness of breath (dyspnea)
 - § Chest pain/pressure/tightness
 - § Palpitations
 - o Systemic symptoms
 - § Fever >100.4 or 100.4° F, chills, flu-like syndrome for ≥ 2 days
 - § Headache ≥ 2 days
 - § Fatigue ≥ 2 days

- **Severe**
 - o Any hospitalization
 - o New or recurrent symptoms concerning for multisystem inflammatory syndrome in children (MIS-C)
 - § Fever, rash, abdominal pain, vomiting, diarrhea, lethargy, and conjunctivitis
 - § Possible to appear weeks after infection or even without previous known infection



If History of COVID (+)

Asymptomatic [COVID(+) test only] or *Mild* illness

- o No specific COVID cardiac testing needed

- o If Pre-participation Evaluation (PPE) previously done AND full resolution of acute symptoms (excluding isolated loss of taste and smell, resolving cough) AND back to full training and/or competition-level exercise with no new symptoms:
 - § No medical clearance needed
 - § No Graduated Return to Play (GRTP) Progression needed

- o If PPE previously done and recent (+) test/recently out of isolation/deconditioned:
 - § No medical clearance needed
 - § Recommend following the CIF COVID Graduated Return to Play (GRTP) Progression for Acute Asymptomatic or Mild Infections
 - Understand that return-to-sport timeline is individualized and based on numerous factors including baseline fitness, severity and duration of COVID symptoms, and tolerance to progressive levels of exertion
 - Athletes should be closely monitored for new cardiopulmonary symptoms as they return to exercise

- o If PPE clearance needed:
 - § Perform the full pre-participation cardiac screening that is part of PPE (with additional testing as indicated)
 - § If full resolution of acute symptoms (excluding isolated loss of taste and smell, resolving cough) AND back to full training and/or competition-level exercise with no new symptoms:
 - No GRTP Progression needed
 - § If recent (+) test/recently out of isolation/deconditioned:
 - Recommend following the CIF COVID GRTP Progression for Acute Asymptomatic or Mild Infections
 - Athletes should be closely monitored for new cardiopulmonary symptoms as they return to exercise.



If History of COVID (+)

Moderate Illness

- o Whether PPE previously done or PPE clearance needed AND initial cardio pulmonary symptoms during acute phase of illness are suggestive of myocarditis syndrome (shortness of breath, chest pain/pressure/tightness, palpitations):
 - § Medical evaluation and clearance needed
 - § Consider cardiac testing including ECG, troponin, and echocardiogram
 - If any abnormal testing, refer to Cardiology; consider cardiac MRI
 - § Once cleared by medical provider, no exercise for 5 days from symptom onset; moderate symptoms should be resolved (note: isolated loss of taste and smell, resolving cough can persist)
 - Recommend GRTP progression; understand that return-to-sport timeline is individualized and based on numerous factors including baseline fitness, severity and duration of COVID symptoms, and tolerance to progressive levels of exertion.
 - Athletes should be closely monitored for new cardiopulmonary symptoms as they return to exercise.

- o If PPE previously done AND no symptoms of myocarditis syndrome/no abnormal cardiac testing AND full resolution of acute symptoms (excluding isolated loss of taste and smell, resolving cough) AND back to full training and/or competition–level exercise with no new symptoms:
 - § No specific COVID cardiac testing needed, no medical clearance needed
 - § No GRTP Progression needed

- o If PPE clearance needed AND no symptoms of myocarditis syndrome/no abnormal cardiac testing AND full resolution of acute symptoms (excluding isolated loss of taste and smell, resolving cough) AND back to full training and/or competition–level exercise with no new symptoms:
 - § Perform the full pre-participation cardiac screening that is part of PPE (with additional testing as indicated)
 - § No GRTP Progression needed

Severe Illness

- o Whether PPE previously done or PPE clearance needed:
 - § Needs medical evaluation and clearance before beginning GRTP Progression
 - § Typically evaluated by Cardiology during hospitalization; strongly encourage outpatient Cardiology evaluation and testing if not done in hospital



If History of COVID (+)

During the PPE:

- o For athletes that have returned to exercise, it is very important to confirm they feel well. Exclude the presence of exertional cardiovascular symptoms, specifically exertional chest pain, which has been identified as a common feature among athletes with post-infectious inflammatory heart disease. Encourage to report all new symptoms during exercise.
- o Determine athlete vaccination and booster status; educate about and facilitate vaccination administration.
- o Screen for anxiety, depression, and suicidal ideation possibly caused by, or exacerbated by, the COVID pandemic.

ACSM-AMSSM Call to Action: How Should the COVID-19 Pandemic Change Routine Pre-participation Cardiovascular Screening?
(formal publication pending)

NFHS-AMSSM Cardiopulmonary Considerations for High School Student-Athletes during the COVID-19 Pandemic

<https://www.nfhs.org/media/5393679/nfhs-amssm-updated-cardiopulmonary-considerations-for-covid-19-january-2022.pdf>